

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Stephen Griffin et al.

Serial No.:

Unknown

Filing Date:

December 18, 2001

For:

SUPER ELASTIC GUIDEWIRE WITH SHAPE RETENTION TIP

Docket No.:

1001.1535101

TRANSMITTAL SHEET

Box Patent Application

The Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of : <u>EL901547906US</u>, in an envelope addressed to: Assistant Commissioner for Patents, Washington D.C., 20231 on this 18th day of December, 2001.

We are transmitting herewith the attached Patent Application including the following:

	[X]	14 sheets of specification.
۱	[X]	33 claims.
į	[X]	_1_ sheet of Abstract.
1	[X]	2 sheet of formal drawings.
1	[X]	Executed Declaration and Power of Attorney.
	[]	A verified statement(s) to establish small entity status under 37 C.F.R. 1.9 and/or 1.27 is enclosed.
1	[X]	An Assignment of the invention to <u>SciMed Life Systems, Inc.</u> is being filed contemporaneous with this patent application.
1	[]	A certified copy of a application, serial no, filed, 19_, the right of priority of which is claimed under 35 U.S.C. 119.

CLAIMS AS FILED									
	(1)	(2)	SMALL ENTITY		OTHER				
FOR:	# FILED	# EXTRA	Rate	Fee	Rate	Fee			
BASIC FEE				\$370		\$740			
TOTAL CLAIMS	33-20 =	13	x9=	\$	x18=	\$234			
INDEPENDENT CLAIMS	3-3 =	1	X42=	\$	X84=	\$			
()) MULTIPLE DEPENDENT CLAIM PRESENTED			\$	+280=	\$			
TOTAL			\$		\$974.00				

[]	Other	 	

*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[X] A check in the amount of \$ 974.00 is enclosed.

[XXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

Robert E. Atkinson

Reg. No. <u>36,433</u>

Robert E. Atkinson CROMPTON, SEAGER & TUFTE, LLC 331 Second Avenue South Suite 895 Minneapolis, Minnesota 55401-2246

Tel: (612) 677-9050 Fax: (612) 359-9349